

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Easton</i> ^{Town}		<i>Delbot</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>4th</i>	Age <i>about an hour</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Easton</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>John P. Clague</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Alice Twilley</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John P. Clague</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

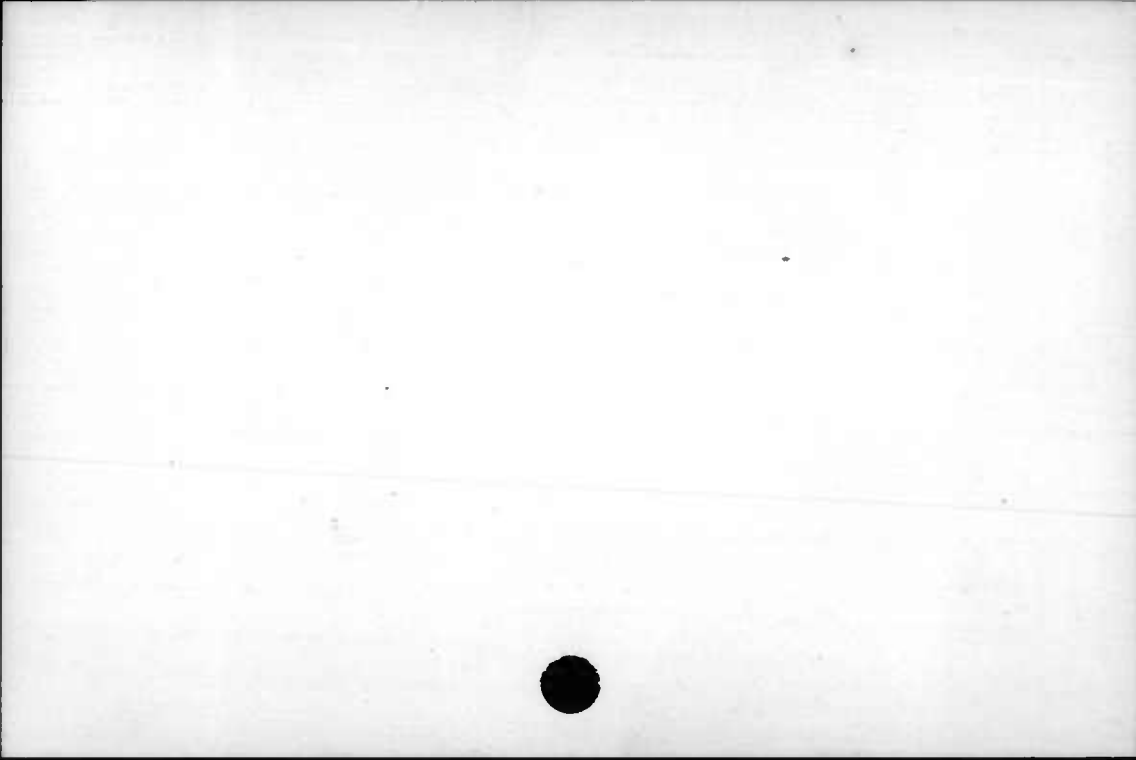
Primary <i>Premature birth</i>	<i>151</i>	How long <i>✓</i>
Immediate <i>Exhaustion</i>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Charles W. Corkran

CERTIFICATE OF DEATH

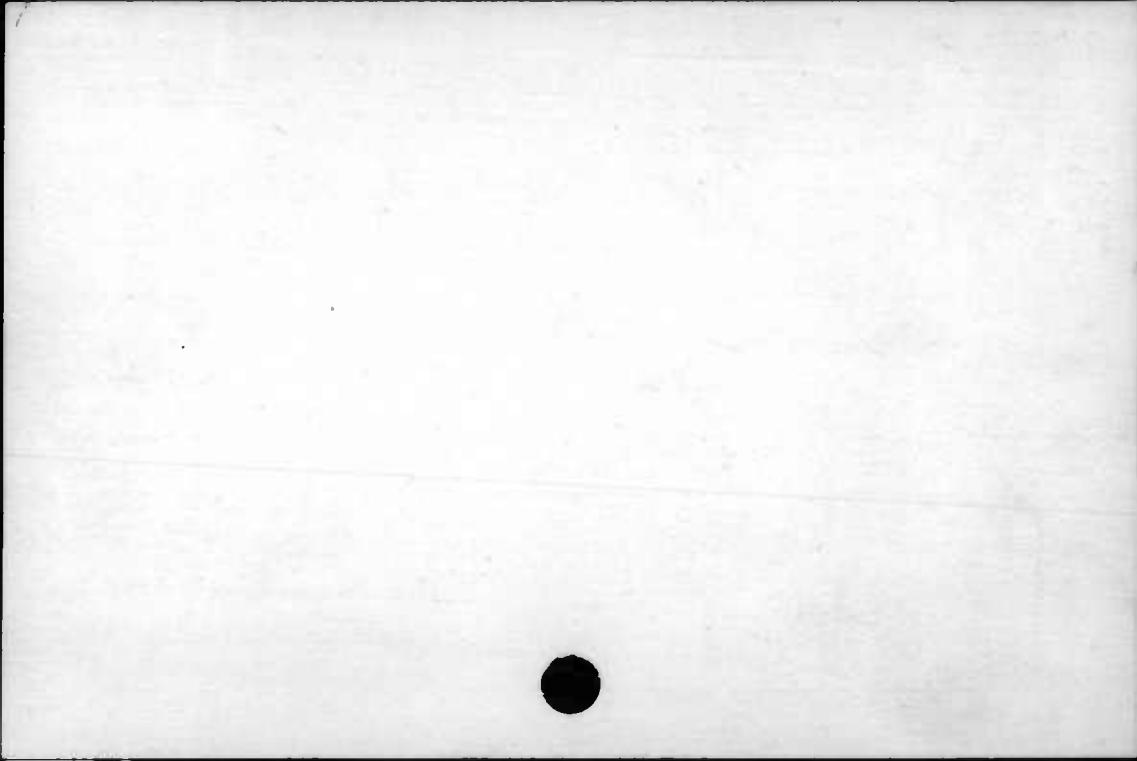
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easter</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>19</i>	Age <i>41</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Federalburg</i>		
Occupation <i>Clerk</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Ryland Corkran</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Susan Corkran</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>J. J. Wright</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i> ✓
Immediate <i>Uremia</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>Easter Md</i>
Accident or Suicide?	



Name
in
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Charles Friend

CERTIFICATE OF DEATH

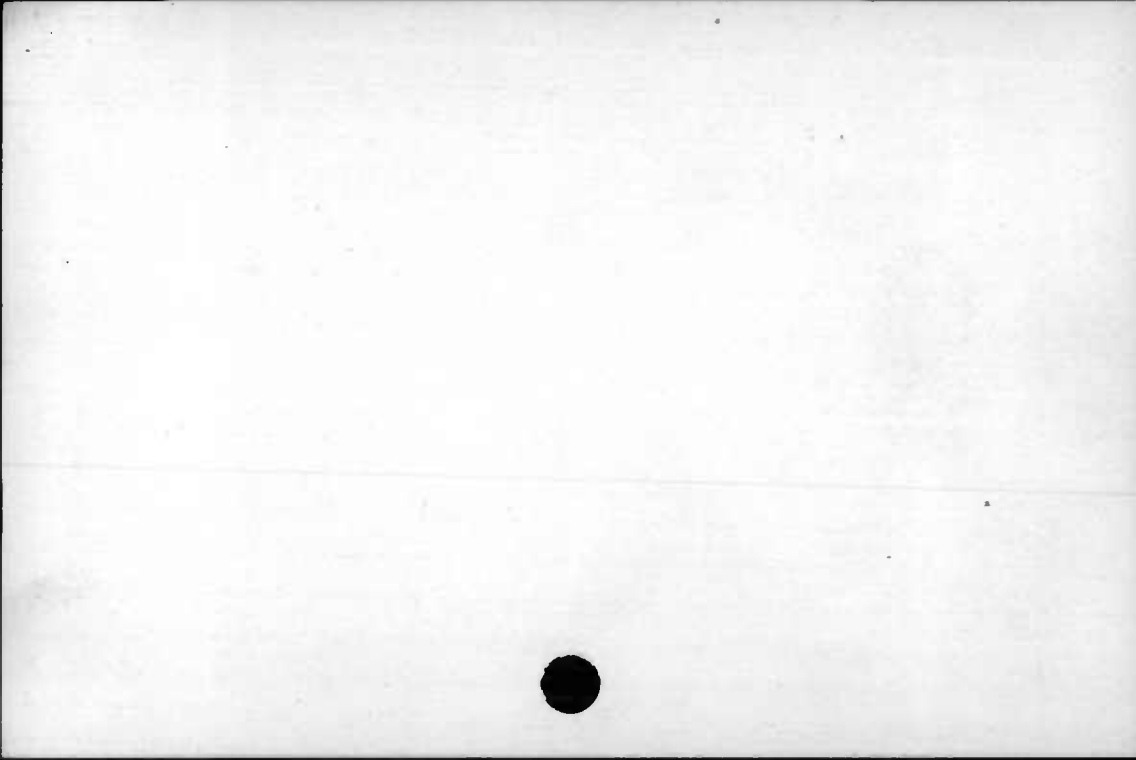
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Oct</i> ^{Day} <i>12</i> ^{Years} <i>—</i>		Age <i>—</i>		Months <i>8</i> Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Caroline Co. Md</i>	
Occupation <i>Baby</i>		Where Residing if not at place of death <i>Caroline Co. Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>?</i>		Father's Birthplace <i>?</i>			
Mother's Maiden Name <i>Susie Friend</i>		Mother's Birthplace <i>Caroline Co. Md</i>			
Name of person giving information <i>Chas. Pritchett</i>		How related to deceased <i>No</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>One wk</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

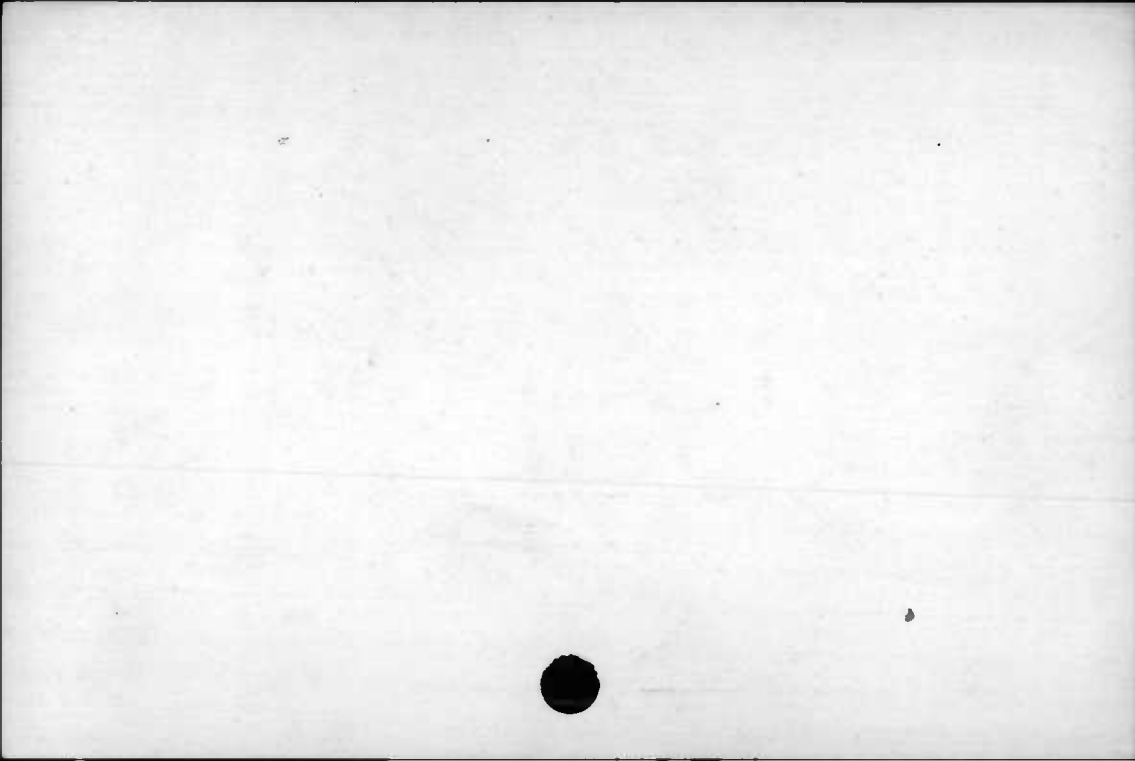
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>9</i>	Age <i>2</i>	Months <i>4</i>	? Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot County Md.</i>		
Occupation <i>Baby</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>P</i>			Father's Birthplace <i>P</i>		
Mother's Maiden Name <i>Emily Nickerson</i>			Mother's Birthplace <i>Talbot Co. Md.</i>		
Name of person giving information <i>Isaac Nickerson</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Anderson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>—</i>	



Name
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Wm Spedden Merrick

CERTIFICATE OF DEATH

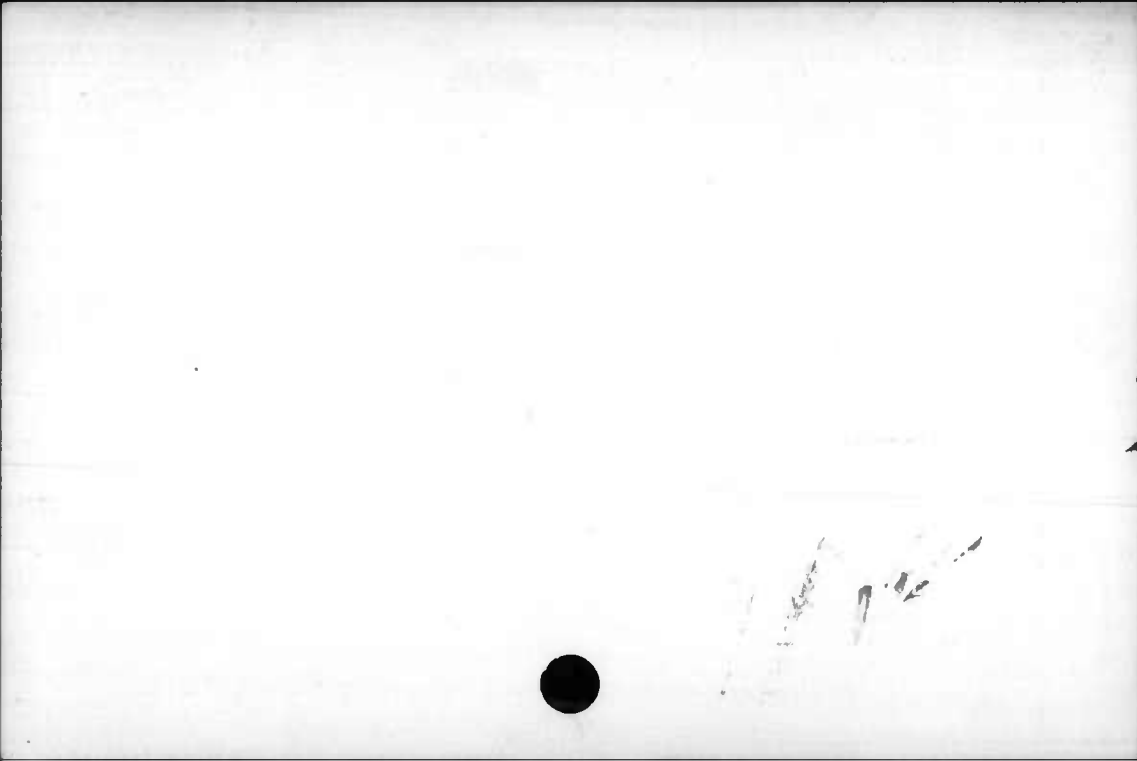
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND					
Date of death 190		Month Oct		Day 9		Age 54		Months		Days	
Sex male		Color or Race white		Birth- place Talbot Co							
Occupation Farmer				Where Residing if not at place of death Trappe. Md.							
Married, Single or Widowed		Married		Name of Wife or Husband Anna Elizabeth							
Father's Name		Samuel B. Merrick				Father's Birthplace		Talbot Co			
Mother's Maiden Name		Anne J. Seymour				Mother's Birthplace		Talbot Co			
Name of person giving Information		Dr. David H. Merrick				How related to deceased		Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute Brights disease		How long	
Immediate		Uraemia		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Jas. L. Merrick	
				Address Trappe. Md.	
Accident or Suicide?					



Name
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Rose Ann Perry

CERTIFICATE OF DEATH

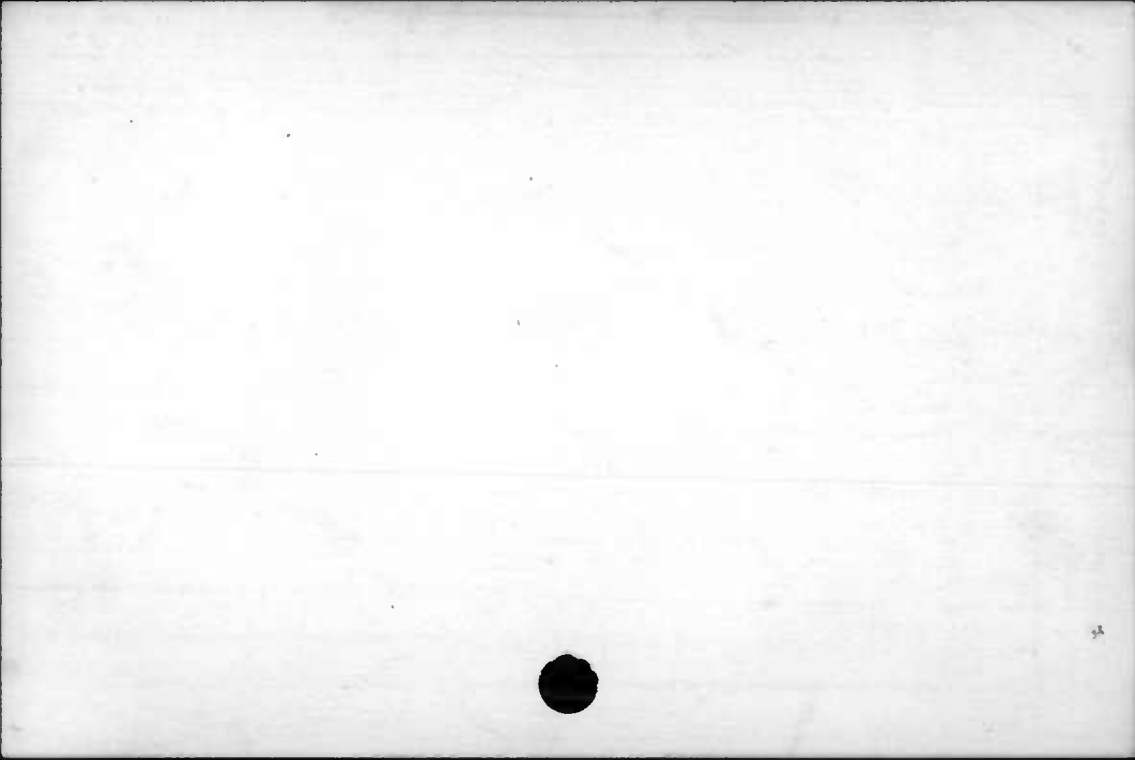
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i>		Town <i>Lallot</i>		County		MARYLAND	
Date of death	1905	Month	Oct	Day	7	Years	Age 75
Sex	Female	Color or Race	Black	Birth-place	Dorchester Co		
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Jamus Perry</i>				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Rev R J Riley</i>					How related to deceased	<i>Minister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age + exposure</i>	How long	<i>2 weeks</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J C H Davis</i>		
	Address <i>St Michaels</i>		
	<i>Watterman</i>		
Accident or Suicide?			



Name
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Full

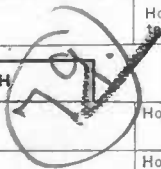
Thomas J. Porter

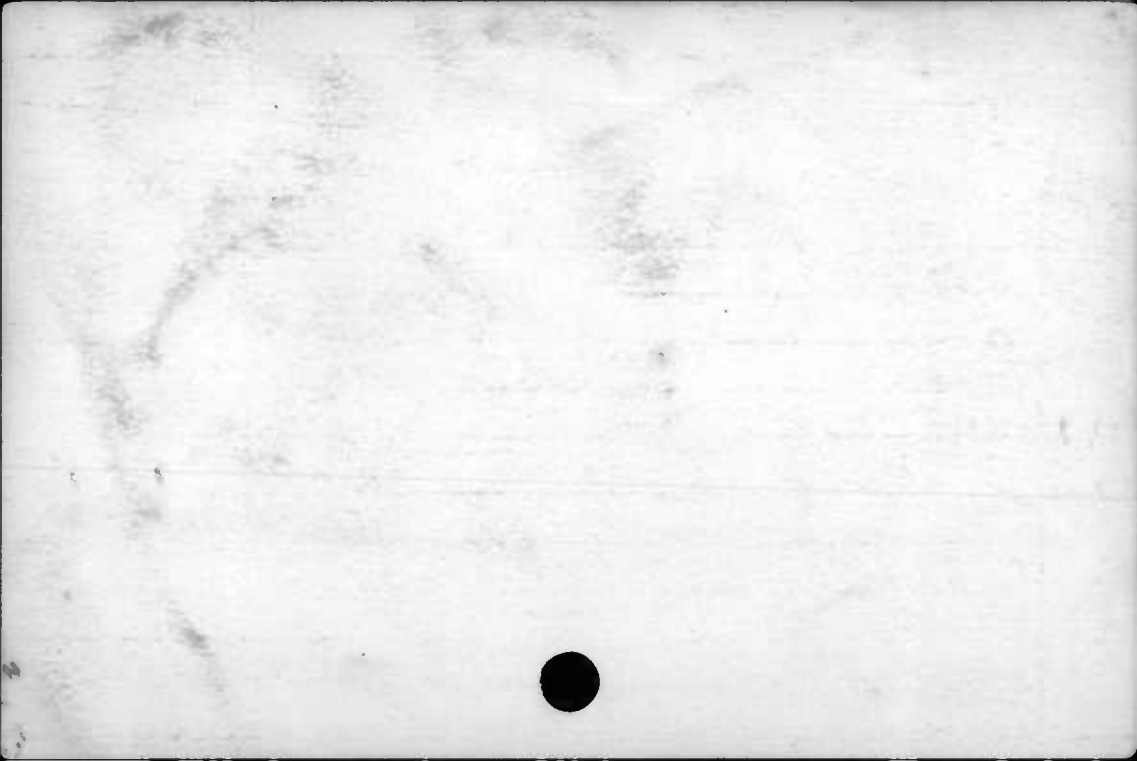
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>S. Michaels</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>54</i>	Years <i>54</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>S. Michaels</i>					
Occupation <i>Waterman</i>	Where Residing if not at place of death <i>S. Michaels</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Porter</i>						
Father's Name <i>John Porter</i>	Father's Birthplace <i>Talbot</i>						
Mother's Maiden Name <i>Sarah Hillis</i>	Mother's Birthplace <i>Talbot Co.</i>						
Name of person giving information <i>wife</i>	How related to deceased						

CAUSES OF DEATH

Primary <i>Heart disease</i>	How long <i>3 yrs</i>	
Immediate <i>Genl. Proxysy</i>	How long <i>15 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robt A. Dodson</i>	Address <i>S. Michaels Md.</i>
Accident or Suicide? <i>2</i>		



Name
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FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

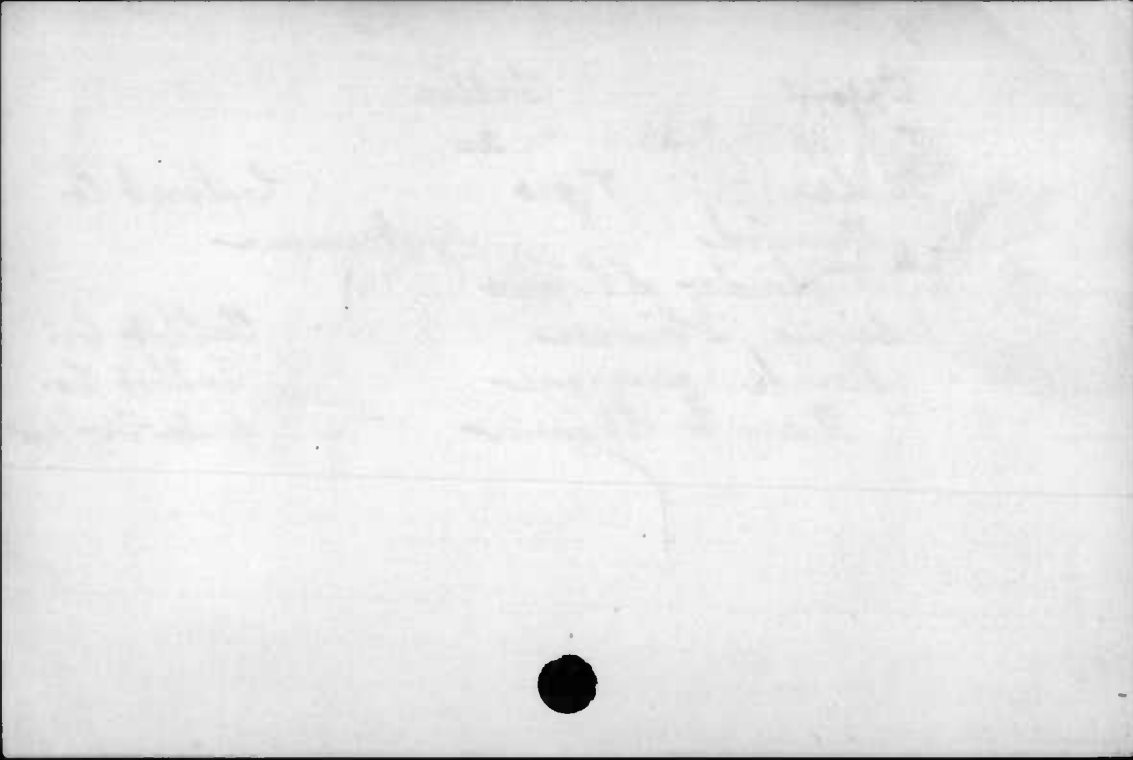
Sarat C. Price

CERTIFICATE OF DEATH

Town St Michael		County Talbot Co.		MARYLAND		
Date of death 1905		Month Oct	Day 22	Age 49	Months —	Days —
Sex Female		Color or Race White		Birth- place Caroline Co.		
Occupation House work			Where Residing If not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Tom E Price				
Father's Name John B. Todd,			Father's Birthplace Caroline Co			
Mother's Maiden Name Sarah B. Todd			Mother's Birthplace Caroline Co			
Name of person giving Information Tom E. Price,			How related to deceased Husband			

CAUSES OF DEATH

Primary Apoplexy.	How long 36 hrs.
Immediate Coronary Athermia	How long 6 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician A. T. Glascock
	Address St. Michael
	md
Accident or Suicide?	



Name
in
Full

Eliza Jane Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Eastern Town

Tulsa County

Date of death 1905 Oct

Day 4

Age

Years 70

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

house

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John Smith

Father's
Name

Wm. Schraas

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza Thomas

Mother's
Birthplace

Md

Name of person giving
In formation

Mary E. Burks

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Apoplexy
Congestive

How long

2 days

Immediate

of Lung

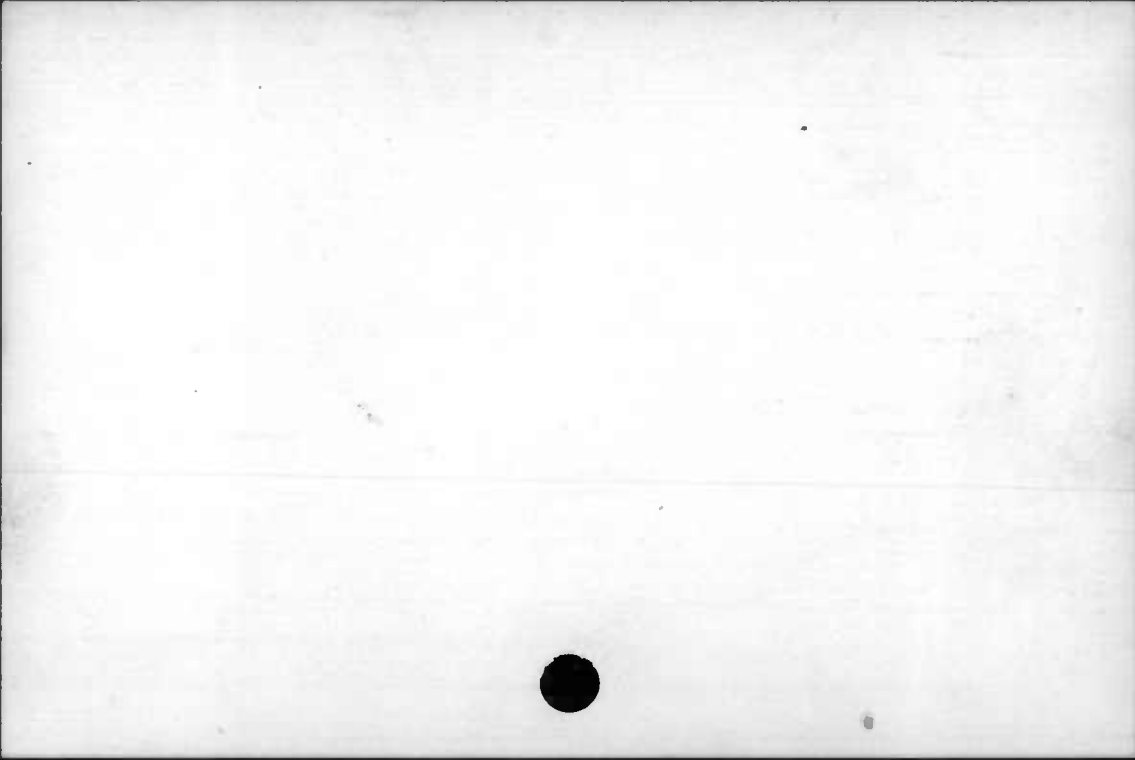
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

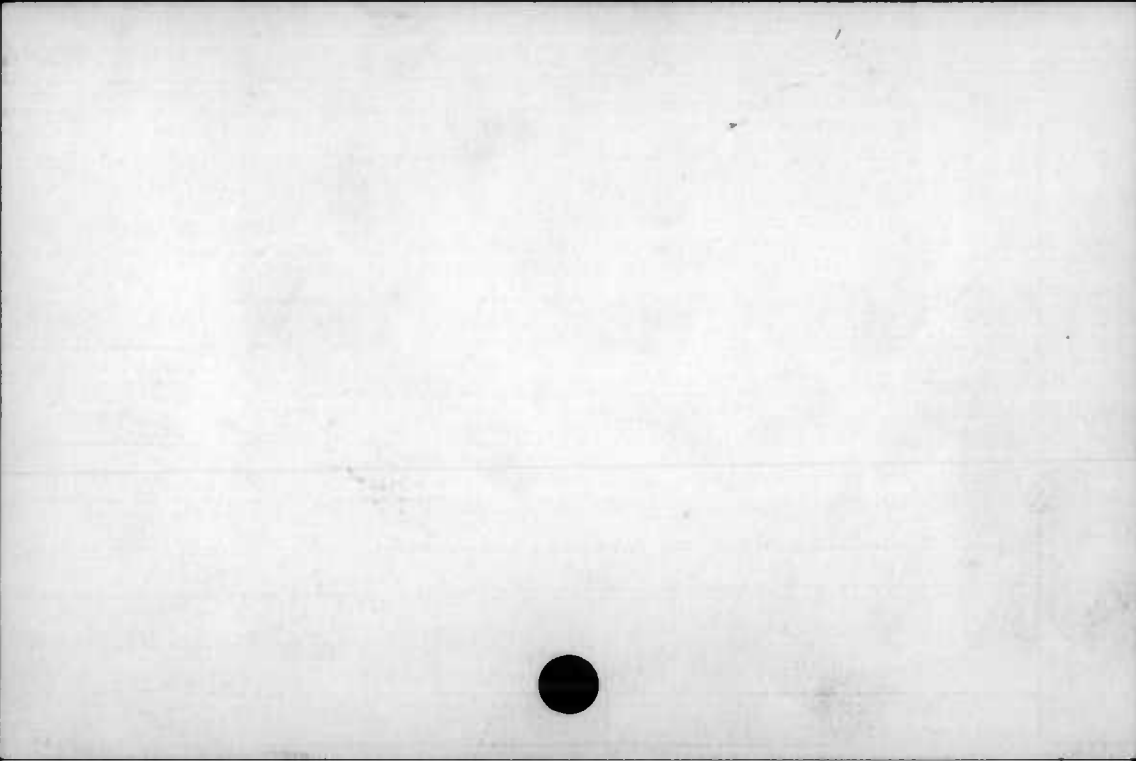
Address

E. Schraas Md

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oxford</i> Town		<i>Talbot</i> County		MARYLAND			
	Date of death 190 <i>5</i> Month <i>10</i>		Day <i>30</i>		Years <i>26</i>		Months Days	
	Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Calvert Co.</i>			
	Married, Single or Widowed <i>Married</i>		Occupation <i>Oysterman</i>					
	Name of Wife or Husband <i>Maliada Skinner</i>							
	Father's Name <i>Scipio Skinner</i>				Father's Birthplace <i>Talbot Co.</i>			
	Mother's Maiden Name <i>Sarah Lawrence</i>				Mother's Birthplace <i>Talbot Co.</i>			
Name of person giving information <i>Mary E. Skinner</i>				How related to deceased <i>Sister-in-law</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Typhoid fever</i>		<input checked="" type="checkbox"/>		How long <i>Five days</i>			
	Immediate <i>Exhaustion</i>		<input type="checkbox"/>		How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Stevens</i>					
	<i>yes</i>		Address <i>Oxford</i>					
Accident or Suicide? <i>no</i>								



Name
in
Full

Meda Elizabeth Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Easton ^{Town} Talbot ^{County}

MARYLAND

Date of death 1905 Oct 26 Age 51 Months 5 Days 7

Sex Female Color or Race Black Birth-place Easton

Occupation X Where Residing if not at place of death Easton Md

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Joseph Turner

Father's Birthplace St Michaels

Mother's Maiden Name Raza Parker

Mother's Birthplace Trappe

Name of person giving information Joseph Turner

How related to deceased Father

CAUSES OF DEATH

Primary Enterocolitis

How long 3 weeks

Immediate Effusion

How long 2 days

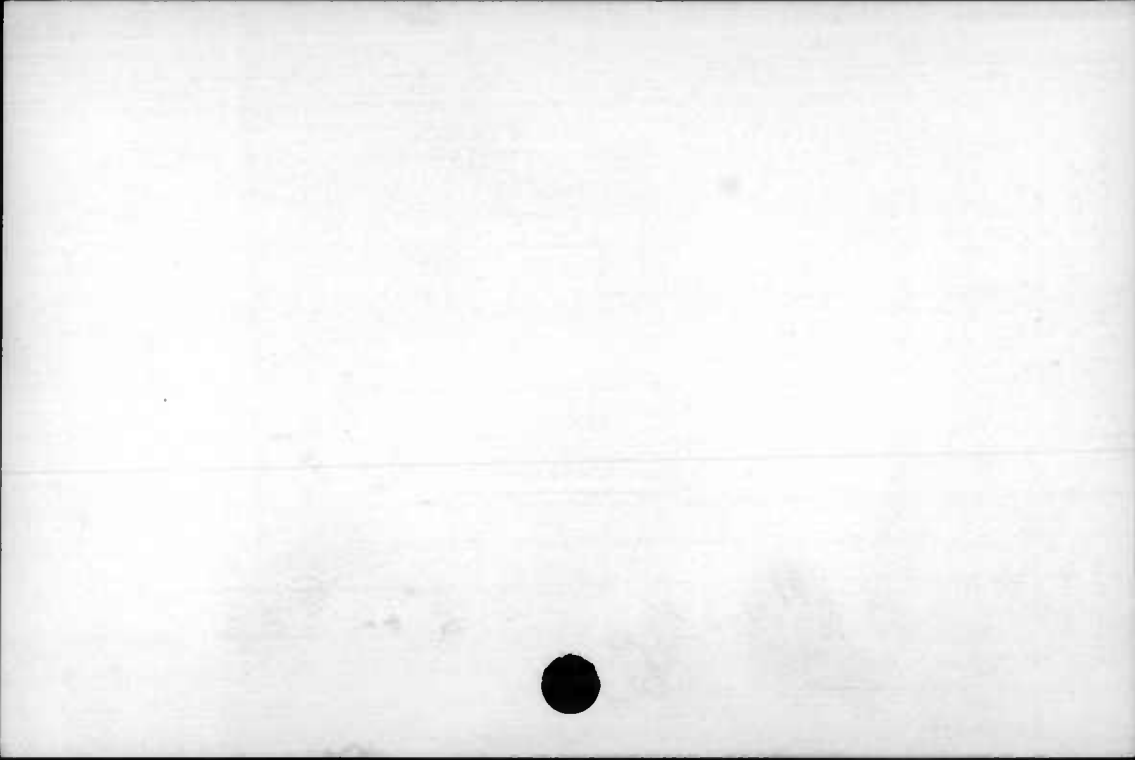
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Easton, Md

Accident or Suicide?



Name
in
Full

Robert Elbert Harner

CERTIFICATE OF DEATH

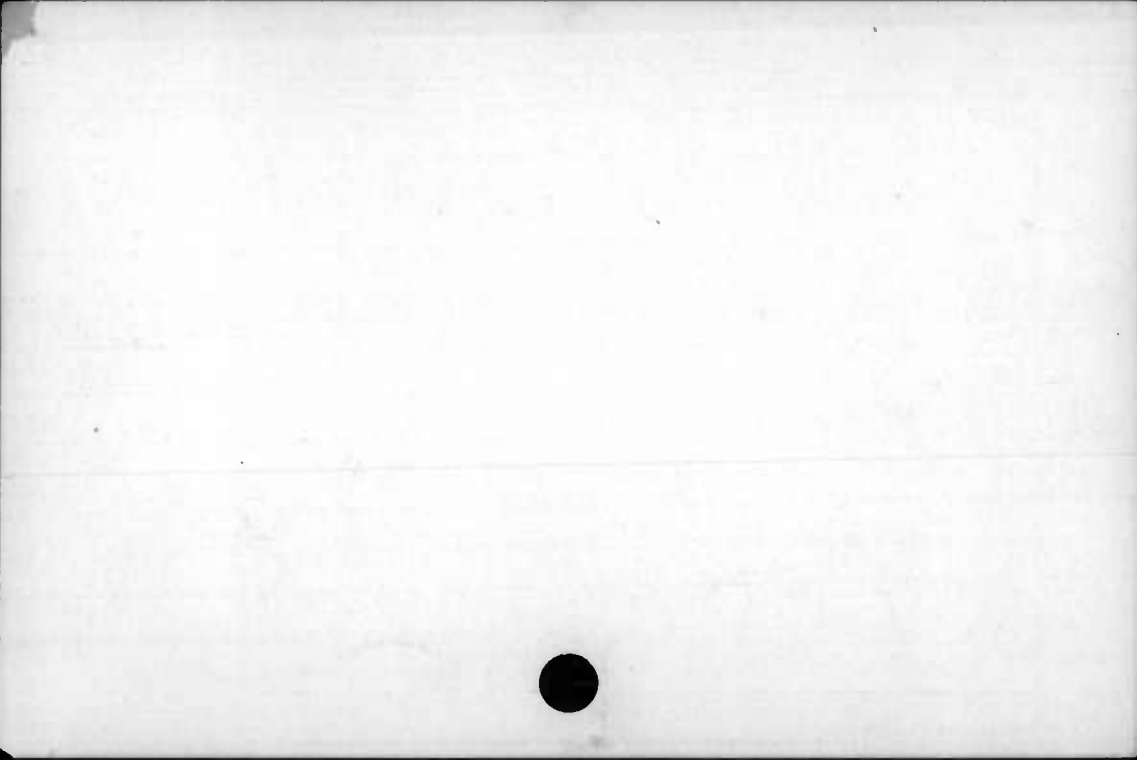
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oxford</u> ^{Town}		<u>Salbot</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Oct.</u>	Day <u>27</u>	Years <u>23</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Trippe Md.</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u>Glaserworker</u>		
Name of Wife or Husband _____					
Father's Name <u>George S. Harner</u>			Father's Birthplace <u>Salbot Co Md.</u>		
Mother's Maiden Name <u>Mary E. Wilson</u>			Mother's Birthplace <u>Trippe Md.</u>		
Name of person giving information <u>George S. Harner</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>One year</u>
Immediate <u>Pneumonia</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stevens</u>
	Address <u>Oxford Md.</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Jessie Thom as Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxford		County Talbot Co.		no MARYLAND	
Date of death 1905		Month Oct.		Day Tues. 10		Years 1	
		Months 2				Days 13	
Sex Male		Color or Race Colored		Birth- place Oxford			
Married, Single or Widowed Single		Occupation None.					
Name of Wife or Husband none							
Father's Name Lincoln Whittington		Father's Birthplace Marion, St.					
Mother's Maiden Name Rosa Warner		Mother's Birthplace Oxford, Md.					
Name of person giving In formation Robert Warner		How related to deceased Typhoid Bro.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever		How long Two weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Stevens M.D.	
		Address Oxford Md	
Accident or Suicide? no			

